



# New Jersey Law REQUIRES

Physicians  
and  
Advanced Practice Nurses  
to report individuals  
diagnosed with  
work-related asthma.

## Ask patients you are treating for **asthma** the following two questions:

- 1. Do your asthma symptoms usually start or get worse when you are at work and get better when you are away from work?
- 2. Are there any materials or activities at your job that you try to avoid because they make your asthma symptoms worse?

If he or she answered “Yes” to either of these questions,  
your patient may have **WORK-RELATED ASTHMA**.

## Guidelines\* to report cases of work-related asthma (new-onset or work-aggravated) to the NJDHSS:

POSSIBLE

Symptoms of asthma  
and  
patient-reported  
work-related temporal  
pattern of symptoms  
of asthma

PROBABLE

Diagnosis of asthma  
and  
patient-reported  
work-related temporal  
pattern of symptoms  
of asthma

CONFIRMED

Diagnosis of asthma  
and  
objective evidence  
of work-relatedness

\* More detailed information can be found in NJDHSS “Guidelines - Work-Related Asthma Recognition, Diagnosis, and Reporting.” To obtain a copy, please visit our Web site or call the NJDHSS (see back of poster for contact information and copy of reporting form).



Jon S. Corzine  
Governor

Occupational Health Service  
Occupational Health Surveillance Program



Fred M. Jacobs, M.D., J.D.  
Commissioner

# OCCUPATIONAL DISEASE, INJURY, OR POISONING REPORT FOR PHYSICIANS AND ADVANCED PRACTICE NURSES

Date

Date \_\_\_\_\_

Name of Patient (Print) _____ (First) (MI) (Last)			Date of Birth
Street Address			Age (If DOB Unavailable)
City		State	Zip Code
Home Telephone Number ( )			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am. Ind./ Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other		Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Date of Onset of Disease, Injury, or Poisoning ____ / ____ / ____	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> Work-Related Asthma</p> <p><input type="checkbox"/> Possible</p> <p><input type="checkbox"/> Probable</p> <p><input type="checkbox"/> Confirmed</p> <p><input type="checkbox"/> Extrinsic Allergic Alveolitis</p> <p><input type="checkbox"/> Silicosis</p> <p><input type="checkbox"/> Asbestosis</p> <p><input type="checkbox"/> Pneumoconiosis, Other and Unspecific</p> <p><input type="checkbox"/> Occupational Dermatitis</p> <p><input type="checkbox"/> Other Occupational Disease - Specify:</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> Work-Related Fatal Injury</p> <p><input type="checkbox"/> Work-Related Injury in Children (Under Age 18)</p> <p><input type="checkbox"/> Work-Related Carpal Tunnel Syndrome</p> <p><input type="checkbox"/> Poisoning Caused by Known or Suspected Occupational Exposure</p> <p><input type="checkbox"/> Pesticide Toxicity</p> </div> </div>
Diagnosis:	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> Lead Toxicity, Adult (Blood <math>\geq 25</math> <math>\mu\text{g/dl}</math>; Urine <math>\geq 80</math> <math>\mu\text{g/L}</math>) Blood = _____ <math>\mu\text{g/dL}</math> Urine = _____ <math>\mu\text{g/L}</math></p> <p><input type="checkbox"/> Arsenic Toxicity, Adult (Blood <math>\geq .07</math> <math>\mu\text{g/mL}</math>; Urine <math>\geq 100</math> <math>\mu\text{g/L}</math>) Blood = _____ <math>\mu\text{g/mL}</math> Urine = _____ <math>\mu\text{g/L}</math></p> <p><input type="checkbox"/> Mercury Toxicity, Adult (Blood <math>\geq 2.8</math> <math>\mu\text{g/dL}</math>; Urine <math>\geq 20</math> <math>\mu\text{g/L}</math>) Blood = _____ <math>\mu\text{g/dL}</math> Urine = _____ <math>\mu\text{g/L}</math></p> <p><input type="checkbox"/> Cadmium Toxicity, Adult (Blood <math>\geq 5</math> <math>\mu\text{g/L}</math> whole blood; Urine <math>\geq 3</math> <math>\mu\text{g/gram creatinine}</math>) Blood = _____ <math>\mu\text{g/L}</math> whole blood Urine = _____ <math>\mu\text{g/gram creatinine}</math></p> </div> </div>

Laboratory Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Where Exposure/Injury Occurred			
Name _____			
Street Address _____		Phone No. _____	
City _____	State _____	Zip _____	

[illegible]

Name of Physician or Advanced Practice Nurse (Print)		Telephone Number (      )	
Address			
Facility Name _____			
Street Address _____			
City _____		State _____	Zip _____
Indicate Any Reasons Why The Patient Should <u>NOT</u> be Contacted		Comments by Physician/Advanced Practice Nurse, If Any	

OCC-31  
SEP 04

**Questions? Contact the Work-Related Asthma Surveillance Coordinator at (609) 984-1863 or send an e-mail message to [surveillance@doh.state.nj.us](mailto:surveillance@doh.state.nj.us).**